



2. Article Number 		COMPLETE THIS SECTION ON DELIVERY B. Date of Delivery 3/27/06	
3. Service Type CERTIFIED MAIL		A. Received by (Please Print Clearly) _____	
4. Restricted Delivery? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		C. Signature 	
1. Article Addressed to: CHARLES N. SHAPIRO PA DOC CENTRAL OFFICE 2520 LISBURN ROAD P.O. BOX 598 CAMP HILL, PA. 17001-0598		D. Is delivery address different from item 1? If YES, enter delivery address below. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PS Form 3811 January 2003		Domestic Return Receipt	